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Country programme recommendation**

Viet Nam

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Viet Nam for the period 2001 to 2005 in the amount of \$20,324,000 from regular resources, subject to the availability of funds, and \$50,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).



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The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2000 (E/ICEF/2000/P/L.13). The main constraints impeding the attainment of children's and women's rights are the following:

(a) Families and communities are unable to provide adequate early childhood care and protection at the household level;

(b) Economic and geographic access to quality basic social services remain low, mainly for ethnic minority groups and other persons in disadvantaged areas;

(c) The national policy framework addressing these problems needs to be reinforced.

2. In late 1999, the central region experienced unusually strong tropical storms, causing widespread destruction. An average of four to six typhoons strike Viet Nam each year, causing pervasive damage, hundreds of deaths, and millions of dollars in crop and property losses.

Programme cooperation, 1996-2000

3. The country programme of cooperation for 1996-2000 (E/ICEF/1995/P/L.20) — a combination of national and area-based projects aimed at the convergence of services in 142 selected districts (out of 542) — has been implemented in a rapidly changing environment. The programme has successfully contributed to the achievement of several National Programme of Action (NPA) for Children goals.

4. To bolster child participation in communication activities, UNICEF supported the establishment of five junior reporter clubs, whose young members broadcast stories on the Voice of Viet Nam radio. For the first time ever in Viet Nam, two well-known nationals were nominated to serve as Goodwill Ambassadors for children beginning in early 2000. In order to provide up-to-date information to potential donors and partners, the UNICEF office in Viet Nam also created a web site in late 1999.

5. As part of the health programme, UNICEF, in collaboration with the World Health Organization (WHO), supported the development of community-based monitoring (CBM), a tool for enhancing community participation in the management of integrated basic health services. CBM implementation helped to improve primary health and nutrition care (PHNC) services in 32 targeted districts. In the 12 districts where CBM was introduced in January 1998, the percentage of pregnant women receiving at least three antenatal care visits increased from 43 to 70 per cent (National CBM review, January 2000). The Ministry of Health has now adopted CBM as a national strategy to improve the performance of PHNC services, and has asked other donors to provide support to replicate this strategy in other districts. UNICEF, in collaboration with WHO and the Japan International Cooperation Agency (JICA), continued to support local vaccine production. Today, 100 per cent of needed anti-tuberculosis vaccine, 68 per cent of combined diphtheria/pertussis/tetanus vaccine and 60 per cent of tetanus toxoid vaccine are produced locally. Owing to support from UNICEF, WHO and bilateral donors, particularly the Government of Luxembourg and the Australian Agency for International Development (AusAID), to the national expanded programme on immunization (EPI), the universal child immunization goal, reached in 1989, has been sustained, and there have been no new poliomyelitis cases reported since February 1997.

6. Since the initiation of the programme in 1996, the child malnutrition rate has decreased from 44.9 to 36.7 per cent. UNICEF supported the development of pilot community-based nutrition projects and, in collaboration with the Asian Development Bank (AsDB), the preparation of the sectoral investment plan for nutrition. UNICEF provided a total of 150 million vitamin A capsules for children and lactating mothers through national immunization and micronutrient days. In 1988, 91 per cent of all children and 43.6 per cent of all lactating women received adequate vitamin A supplementation (national iodine deficiency disorder/universal salt iodization (USI) survey). UNICEF and WHO supported Government efforts in USI and, by 1999, 87 per cent of all households were consuming iodized salt. Consequently, iodine deficiency has decreased substantially throughout the population. UNICEF supported the creation of the National Policy on Iron Deficiency Anaemia Control and, to date, has procured 160 million iron folate

tablets for women of child-bearing age, meeting 20 per cent of the country's needs.

7. UNICEF, in collaboration with the World Bank, the Department for International Development (DfID) (United Kingdom), and the Danish International Development Agency (DANIDA), has provided assistance to the National Rural Water Supply and Sanitation Programme, which has raised the profile of the sector, created a favourable investment environment for donors and helped increase the Government's commitment. UNICEF helped the Government establish rural water supply and sanitation offices in all 61 provinces and helped to provide some 2 million people with access to safe water through the construction of more than 50,000 water supply facilities, thus contributing to improved health conditions of rural children.

8. Through the implementation of its gender and development programme, UNICEF contributed to the establishment of the country's largest non-formal micro-finance scheme, which has reached over 65,000 poor rural women to date. Over 95 per cent of the programme's borrowers accumulate significant savings, and "graduate" to the formal banking system after four cycles of loans. The Vietnamese version of the *Facts for Life* communication campaign was launched as a component of the programme, and has reached over 4 million people throughout Viet Nam since 1989, contributing to positive behaviour changes within families.

9. As part of the education programme, UNICEF assisted in training 15,000 ethnic minority teachers, thereby helping to educate 250,000 children. UNICEF helped to facilitate the enrolment of ethnic minority children in primary school and successfully lobbied the Government to increase the salaries of teachers who teach multigrade classes in disadvantaged rural areas. These efforts have been important steps towards attaining universal primary education (UPE) in poor and mountainous areas inhabited by ethnic minority groups. UNICEF also supported the upgrading of 9,000 child-care centres and kindergartens and improvements in 7,000 multigrade classes, and introduced participatory and activity-based training models in courses provided for day-care, kindergarten and primary school teachers. Moreover, as part of the Mekong subregional HIV/AIDS prevention project, in collaboration with the National Red Cross, UNICEF assisted the Government in introducing life skills

approaches to educators. Some 1,000 teachers and 160 peer educators were trained in this process, and approximately 15,000 young people received life skills education.

10. Owing to the effective advocacy of UNICEF, the Save the Children Alliance, Plan International and World Vision, issues related to child protection, considered very politically sensitive just a few years ago, have been placed high on the Government's political agenda. UNICEF has worked with different partners in developing model projects for children in need of special protection, and has contributed to the development of more than 100 pieces of legislation that have helped bring the national legislative framework further into line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The children in especially difficult circumstances programme also developed alternative strategies to provide integrated basic services for approximately 100,000 ethnic minority children.

11. UNICEF supported the NPA decentralization process by assisting government agencies at national and subnational levels in the development of local plans of action (LPAs) for children, and in integrating these plans into local socio-economic development plans. By the end of 1999, all 61 provinces had developed their own LPAs. UNICEF also assisted the Government in upgrading the monitoring capacities of ministerial agencies working on child care, protection and education, and in establishing appropriate indicators for monitoring implementation of both Conventions. The successful organization of two national multiple indicator cluster surveys (MICS) enhanced Government capacity to evaluate and report on its achievements related to the NPA goals and on implementation of the two Conventions.

12. Nevertheless, some NPA goals remain unachieved, particularly the reduction of maternal mortality, the reduction of malnutrition among children under five years of age, improving access to safe drinking water and sanitation, and increasing primary school completion rates. The attainment of these goals posed a particularly difficult challenge with respect to disadvantaged groups, especially ethnic minorities. The programme also encountered difficulty in addressing some emerging problems related to HIV/AIDS, and children in need of special protection.

Lessons learned from past cooperation

13. The lessons learned remain essentially the same as described in the country note.

Country programme preparation process

14. The Ministry of Planning and Investment is coordinating the new programme's preparation, and national and international partners have been fully involved in this process since the September 1999 strategy meeting. Sectoral committees have been set up by the Ministry for the preparation of the different programme components. The final review of the new programme will be held in September 2000.

15. The preparation of the new country programme was also guided by the new Viet Nam 2001-2005 United Nations Development Assistance Framework (UNDAF). As part of the UNDAF preparation process, UNICEF co-chaired the Basic Human Needs Working Group with WHO, and was involved in other working groups on governance, environment and rural development. Under the new UNDAF framework, United Nations partners will harmonize their country programmes with the national five-year planning cycle beginning in 2001.

Country programme goals and objectives

16. The primary goals of the country programme are to support national efforts to further advance the rights of children and women, as set forth in the two Conventions by reducing under-five and maternal mortality, and child malnutrition, and by enhancing the well-being of the most disadvantaged children and women. In particular, the country programme will contribute to the achievement of the following objectives (which have to be quantified according to the national objectives set forth in the NPA to be finalized in September 2000): (a) to reduce infant, under-five and maternal mortality rates; (b) to reduce the incidence of protein-energy malnutrition and micronutrient deficiencies among children under five years of age; (c) to increase the proportion of the overall population with access to safe drinking water and adequate sanitation facilities, particularly in rural

areas; (d) to ensure that children from three to six years of age have access to good early childhood care (ECC) and kindergarten and that children under 12 years of age have access to and are able to complete primary school; (e) to provide opportunities for ensuring children's healthy cultural, spiritual and recreational development, and the development of adequate skills for healthy living and HIV/AIDS prevention for adolescents up to 18 years of age, and (f) to extend care and attention to children in need of special protection.

17. UNICEF will contribute directly to the achievement of these goals in selected districts through the coordinated implementation of its sectoral programme/project activities. This will be achieved on a national scale through advocacy and support for select national policies, and by leveraging resources from other partners.

Relation to national and international priorities

18. The country programme objectives and strategic approach incorporate the global UNICEF strategic priorities set forth in the "Medium-term plan for the period 1998-2001" (E/ICEF/1998/13 and Corr.1) and reflected in the future priority actions for children. Accordingly, particular attention is given to ECC, basic education, maternal health, and adolescent health and development. The country programme was also formulated according to the main objectives of UNDAF "to safeguard the rights of Vietnamese people to live a life free from poverty" and "to create opportunity, ensure equity, and reduce vulnerability".

19. Programme priorities reflect the recommendations contained in the situation analysis; the 1999 United Nations Common Country Assessment; and other sectoral reviews, particularly the Health Sector Review (1999), the Assessment of Education For All in Viet Nam (1999), and the 20/20 Initiative conference held in Hanoi in October 1998. The second periodic report on implementation of the Convention on the Rights of the Child (1993-1998) was presented to the Committee on the Rights of the Child in December 1999, and although the Concluding Observations from the Committee have not yet been received, the recommendations included in the report have been taken into account in preparing the new programme.

Recommended programme cooperation, 2001-2005

Regular resources: \$20,324,000

Other resources: \$50,000,000

Recommended programme cooperation^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Communication	1 806	2 000	3 806
Health and nutrition	5 570	15 000	20 570
Rural water supply and environmental sanitation	3 207	14 750	17 957
Basic education	3 589	9 500	13 089
Rights promotion and child protection	2 707	7 750	10 457
Planning, monitoring and evaluation	1 899	1 000	2 899
Cross-sectoral costs	1 546	—	1 546
Total	20 324	50 000	70 324

^a The breakdown of estimated yearly expenditures is provided in table 3.

20. The country programme also incorporates the priorities set forth in the "National Socio-Economic Development Plan 2001-2010", which focuses on four strategic pillars: sustainable economic growth; stability; equity; and people-centred development. Moreover, the strategic approach and geographic focus of the country programme are drawn from the Government's "Poverty Alleviation Programme in the 1,000 Poorest Communes", which provides strategies and geographic priorities for official development assistance.

Programme strategy

21. The overall programme strategy, main goals and strategic approaches under the sectoral programmes remain essentially the same as described in the country note.

22. The country programme is divided into six major sectoral programmes, including a total of 12 projects addressing the most serious impediments to the realization of children's and women's rights in Viet Nam. Especially complex areas such as malnutrition, HIV/AIDS and ECC for survival, growth and development (SGD) will be addressed through an integrated intersectoral approach, and managed within UNICEF at the programme coordinator or representative level. The main programme components related to malnutrition and ECC-SGD will be addressed in the early childhood care for development (ECCD) and health and nutrition education for behaviour change projects in the basic education and health and nutrition programmes. HIV/AIDS will be addressed primarily by the education (healthy living and life skills education project), health and nutrition (strengthening of community-based primary health and nutrition services project), communication, and rights promotion and child protection programmes.

23. The *communication* programme will include one project — communication and advocacy for child rights — which will address the current lack of awareness and understanding of children's and women's rights. Alliance-building and a broad range of communication approaches will be used to foster an environment that positively influences legislation and public opinion, thereby mobilizing resources for children. To encourage behaviour change, support will also be provided to other sectoral programmes in their interactions with the mass media, mass organizations, communities and children themselves.

24. The *health and nutrition* programme will complement donor and Government efforts geared towards implementing the national health strategy, and the recommendations contained in the Health Sector Review (1999). While Government and key bilateral donor efforts concentrate on improving the quality of care at the referral level, this programme, together with programmes supported by the European Commission, the World Bank and AsDB, will focus on PHNC, particularly in disadvantaged areas. The programme will include three projects:

(a) The health and nutrition education for behaviour change project will help to implement the new country programme strategic approach on ECC-SGD at household and community levels. It will build the capacity of village health workers, mass organizations and communities to provide information, education and communication to families to encourage them to use the recommended 12 home-based basic health and nutrition child-care practices. These practices include, inter alia, breastfeeding, adequate micronutrient intake and complementary feeding, hygiene, malaria prevention, appropriate responses to women's reproductive health needs and the prevention of injuries.

(b) The strengthening of community-based primary health and nutrition services project will help to enhance community participation in health service management and financing, thereby improving coverage, quality and sustainability of integrated maternal and child health services. It will focus particularly on EPI, the Integrated Management of Child Illness, antenatal care, safe delivery, essential obstetric care and, in selected areas, the prevention of mother-to-child transmission of HIV/AIDS, including voluntary testing, counselling and care;

(c) The health and nutrition policies promotion project will support the formulation of national health and nutrition policies, including the introduction of new vaccines and auto-disable syringes in the national EPI, and the revision of legislation on salt iodization and breastfeeding promotion.

25. The *rural water supply and environmental sanitation* programme will be implemented as a part of the national programme in the sector. It will complement the activities of major bilateral donors, which are primarily focused on urban areas, by targeting poor, remote and underserved areas, responding to the primary needs in the sector, and providing models for rural water supply that can be expanded through the support of other donors such as the World Bank and AusAID. The programme will include two projects:

(a) The rural water supply project will focus on the introduction, promotion and construction of appropriate water supply facilities. It will emphasize community participation with the promotion of low-cost and environment-friendly technologies, good water quality and sustainability;

(b) The environmental sanitation project will focus on the construction of sanitation facilities and the promotion of hygienic practices at household and commune levels.

26. At the national and policy level, both projects will focus on capacity-building and advocacy to help create an enabling environment that can sustain the achievements of the projects and to encourage the implementation of new strategic approaches outlined in the national strategy.

27. The *basic education* programme will support the national strategic approach for UPE by giving priority to communities in poor, remote and underserved districts. The programme will develop models for effective, child-friendly basic education services, including the development of supportive ECC environments, that will be expanded with the assistance of the main donors in the sector, particularly the World Bank and AsDB. The programme will address in particular the current problem of low learning achievement and completion rates of children. The programme includes three projects:

(a) The ECCD project is a main component of the new country programme strategic approach to

ECC-SGD. It will create new opportunities for caregivers and poor parents of children 0-3 years of age to access income-generation and literacy activities, which will better enable them to apply their improved ECC-SGD knowledge and skills. The project will support low-cost, community-based child development groups and kindergartens for children 3-6 years of age, with a focus on early stimulation, psychosocial and cognitive development, and daily bilingual interaction. The project will also include measures to strengthen community participation and train day-care providers, kindergarten teachers and supervisors.

(b) The child-friendly primary schools project will help to create inclusive child-friendly primary school environments through the training of teachers, the introduction of activity-based teaching and learning materials, improvements of basic school facilities, strengthened supervision, and by encouraging community participation in school management.

(c) The healthy living and life skills education project aims to improve both the content and process of health and life skills education by including HIV/AIDS prevention education for children and adolescents, and by improving the competency of teachers and peer educators. The project will also support the establishment of affordable counselling services for adolescents and help to provide parents with information on adolescent health, the prevention of HIV/AIDS and substance abuse.

28. The *rights promotion and child protection* programme will encourage and support the Government in creating a rights-friendly environment in Vietnamese society and in addressing the emerging problem of children in need of special protection. In accordance with the main objective of UNDAF, UNICEF support will focus on enhancing the effective implementation of the Convention on the Rights of the Child. This programme includes two projects:

(a) The rights promotion project will endeavour to improve the capacity of communities, families and children to promote and monitor children's rights. The project will also assist policy makers in formulating effective policies and legislative measures to support implementation of both Conventions and sensitization/training on children's rights.

(b) The child protection project will focus on building the capacity of families, communities and leaders in various sectors to prevent and protect

children from neglect, abuse and exploitation through, for example, the development of child protection networks, support for capacity-building in social work and counselling, and participation in regional initiatives against trafficking.

29. The *planning, monitoring and evaluation* programme will complement Government efforts to develop reliable statistical systems and obtain quality and gender-disaggregated data, which are essential to the development of appropriate policies for children and women. This programme will include one project — capacity-building for planning, monitoring and evaluation — which will assist the Government in improving the quality and effectiveness of its programmes of action for children, and in developing and defining indicators and other monitoring mechanisms for the two Conventions. This programme will also support the monitoring and evaluation components of all other sectoral programmes.

30. *Cross-sectoral costs* will cover UNICEF country office staff and administrative costs attributable to overall country programme planning and monitoring.

31. To ensure an effective and dependable response to emergencies, UNICEF will maintain an appropriate standing level of emergency preparedness. This will be coordinated through an emergency team, which will rush to affected areas and monitor and evaluate the impact of UNICEF emergency aid. The team will operate as part of the overall United Nations response to emergencies and disasters under the umbrella of the Disaster Management Unit.

Geographical coverage

32. Five of the 12 country programme projects will concentrate their activities primarily in 66 districts of 24 provinces with low social service coverage (area-focused projects). This will help to promote the convergence of related services, improve intersectoral management and monitoring, and create greater and more measurable improvements in the situation of women and children. The five area-focused projects are: rural water supply (under the water and sanitation programme); strengthening of community-based primary health and nutrition services (under the health and nutrition programme); health and nutrition education for behaviour change (under the health and nutrition programme); ECCD (under the education

programme), and child-friendly primary schools (under the education programme).

33. While having a strong advocacy component at the national level, the child protection project (under the rights promotion and child protection programme), and the healthy living and life skills education project (under the basic education programme), will also be implemented in selected areas where the problems of children in need of special protection and HIV/AIDS are more relevant.

34. The targeted districts have been selected in accordance with the Government's priorities set forth in the Poverty Alleviation Programme, and with an eye to UNICEF prior investments in the 1996-2000 programme. The selected districts include 38 districts containing 438 communes (out of 1,000) targeted in the Government's Poverty Alleviation Programme. All 66 districts were already covered by the 1996-2000 country programme.

35. Within these 66 districts, five "observation" districts have been chosen to serve as proving grounds for intersectoral planning, management and monitoring interventions. Successful innovations developed in these five districts will be introduced on a wider scale.

Monitoring and evaluation

36. A five-year Integrated Monitoring and Evaluation Plan (IMEP) will be used as a framework for monitoring and evaluating sectoral programmes, as well as the overall country programme. The IMEP will be updated annually following a review of progress towards programme and project objectives. The IMEPs for the sectoral programmes and projects contain impact objectives and indicators at the programme level, as well as performance and coverage objectives and indicators at project levels.

37. The results of the second MICS, which will be finalized by the end of 2000, will be used as baseline indicators for programme and project objectives at the national level. A complementary baseline survey will be conducted in the 66 area-focused approach (AFA) districts during the first year (2001) of the new country programme to provide information at the district level. A second survey in these 66 districts will be conducted in the last year of the country programme period (2005) to assist in the evaluation of the programme.

38. At the community level, indicators related to project objectives will be measured every six months through a community-based "triple A" (assessment, analysis, action) approach. This approach will be implemented in all 66 AFA districts in accordance with the CBM methodology developed by the health programme during the 1996-2000 period. These assessments will form a basis for annual districts plans of action for children, and for programme and project reviews.

39. In the last quarter of the third year of the country programme (2003), the Government and UNICEF will conduct a mid-term review (MTR) to comprehensively analyse programme progress and constraints. The MTR will provide the basis for any mutually agreed adjustments to inputs, objectives or targets of the country programme.

40. In the final year of the country programme (2005), the Government and UNICEF will conduct a general evaluation of the programme, drawing on experiences gained and on the programme's impact. This general evaluation will be used as one of the elements in planning the direction of future UNICEF cooperation.

Collaboration with partners

41. The new country programme of cooperation has been developed in accordance with the Viet Nam 2001-2005 UNDAF, and is intended to complement the programmes of cooperation of the other United Nations agencies involved in the UNDAF. Specific areas of cooperation and coordination have been identified, especially with WHO and the United Nations Population Fund, for the purpose of synthesizing efforts to achieve common objectives. Pursuant to the UNDAF, and under the aegis of the United Nations resident coordinator, UNICEF will keep other agencies informed of the progress and implementation of this plan through a periodic review of the programmes.

42. UNICEF and the Government will seek to coordinate their activities with other development agencies and organizations. UNICEF will continue to collaborate with non-governmental organizations (NGOs), particularly those in the Save The Children Alliance, taking advantage of their support for local-level programme and project implementation. UNICEF will also continue to collaborate, through theme-based

working groups, with multilateral and bilateral donors, particularly the Swedish International Development Agency, AusAID, DFID, the Government of the Netherlands, DANIDA, JICA and the European Commission.

43. UNICEF will build upon prior collaborations with international financial institutions such as the World Bank, AsDB and other bilateral donors by developing models for child survival, growth, development and protection that can be replicated and expanded through support from these agencies. Representatives will be invited to participate in programme and project reviews and supervisory missions to improve collaboration, increase synergy and avoid the overlapping of programme activities.

44. In order to raise sufficient funds to carry out activities in the new country programme's activities, greater emphasis will be placed on maintaining and sustaining traditional donors' interest by providing them with relevant and timely information. New funding sources within the country will also be identified, and new donors will be involved in programme and project implementation and monitoring.

Programme management

45. Viet Nam will give the Ministry of Planning and Investment the overall responsibility for planning and coordinating programme activities. The Ministry will also assume a leading role in mobilizing the funds needed for programme and project implementation. The Ministry will ensure the cooperation of different line ministries, departments, committees and mass organizations concerned with implementation of the new country programme, and will help to coordinate various programme activities.

46. The Ministry of Planning and Investment has assigned responsibility for the management and implementation of the sectoral programmes to appropriate government agencies. These ministerial agencies, departments, committees and mass organizations will cooperate with UNICEF in preparing annual plans of action for each sectoral programme. Relevant agencies will approve these annual plans of action and provide the Ministry with complete details regarding financial allocations.

47. The Government and UNICEF will conduct joint annual reviews of all new country programme components in the last quarter of each calendar year. Annual project plans of action for the subsequent year will be established on the basis of these reviews. Other United Nations agencies, international institutions, bilateral donors and NGOs will also participate in these meetings. In order to prepare the annual reviews, designated ministerial agencies, the Ministry of Planning and Investment, and UNICEF will conduct mid-year and tripartite reviews of the country programme's implementation of sectoral programmes and projects.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Unit/Year	(1998 and earlier years)		UNICEF country classification		
Under-five mortality rate	40	(1998)	Middle UMR		
Infant mortality rate	30	(1998)	Middle IMR		
GDP per capita	\$ 150	(1998)	Low GDP		
Total population	77.6 million	(1998)			
FAS INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT					
		1975	1980	1990	1998
Births	(thousands)	1813	1974	2040	1681
Infant deaths (under 1)	(thousands)	81	61	73	50
Under-five deaths	(thousands)	121	123	100	67
Under-five mortality rate		75	62	49	40
per 1,000 live births					
Infant mortality rate (under 1)		50	42	36	30
per 1,000 live births					
		About 1980	Most recent		
Underweight children (under 5)	Moderate & severe	52	29		
% weight for age, 1986/1998	Severe	13	7		
Malnourished with low birth weight		21	17		
% 1983/1989					
Primary school children reaching grade 5		47	78*		
% 1980, 1997					
NUTRITION INDICATORS		About 1980	Most recent		
Exclusive breast feeding rate (<4 mos.) (% 1998)			29		
Timely complementary feeding rate (>4 mos.) (% 1998)			86		
Continued breast-feeding rate (20-29 mos.) (% 1998)			30		
Prevalence of wasting (0-59 mos.) (% 1986/1998)		7	11		
Prevalence of stunting (0-59 mos.) (% 1986/1998)		60	34		
Vitamin A supplementation coverage (6-59 mos.) (% 1998)			98		
Household consuming iodized salt (% 1997)			65		
HEALTH INDICATORS		About 1980	Most recent		
ORV use rate (% 1997)			51		
Routine EPI vaccines financed by government (% 1998)			73		
Access to safe water	Total	46	45		
% of population, 1985/1998	Urban/rural	72 / 32	61 / 39		
Access to adequate sanitation	Total		29		
% of population, 1985/1998	Urban/rural	7 / 55	55 / 18		
Births attended by trained personnel		95	77		
(% 1988/1997)					
Maternal mortality rate			160		
per 100,000 live births, 1980-1998					
Immunization		1981	1985	1990	1998
One year old (%) immunized against:	Tuberculosis		50	80	93
	DPT		42	87	93
	Polio		42	87	93
	Measles		19	87	96
Pregnant women (%) immunized against:	Tetanus				90

* EFA 2010

TABLE 1 (continued)

Viet Nam

EDUCATION INDICATORS		About 1980		Most recent		
Primary enrolment ratio (gross/net) (%, 1985/1998*)	Total	103 / ..		108 / 95		
	Male	106 / ..		110 / 95		
	Female	100 / ..		107 / 94		
Secondary enrolment ratio (gross/net) (%, 1985/1997)	Total	43 / ..		57 / ..		
	Male	44 / ..		.. / ..		
	Female	41 / ..		.. / ..		
Adult literacy rate, 15 years & older (%, 1985/1995)	Total	87		91		
	Male/female	93 / 81		95 / 88		
Radio/television sets (per 1,000 population, 1985/1996)		100 / 33		106 / 47		
DEMOGRAPHIC INDICATORS		1970	1980	1990	1998	2000
Total population	(thousands)	42729	53711	66689	77562	79832
Population aged 0-18 years	(thousands)	21307	26664	30193	32058	31760
Population aged 0-5 years	(thousands)	6916	8394	9213	8755	8207
Urban population (% of total)		18.0	19.0	20.0	19.6	20.0
Life expectancy at birth (years)	Total	49	57	64	68	68
	Male	47	55	62	65	66
	Female	52	60	66	70	71
Total fertility rate		5.9	5.1	3.8	2.6	2.4
Crude birth rate (per 1,000 population)		38	37	30	22	21
Crude death rate (per 1,000 population)		15	11	9	7	7
		About 1980		Most recent		
Contraceptive prevalence rate (%, 1988/1997)		53		75		
Population annual growth rate (%, 1970-1990/1990-1998)	Total	2.2		1.9		
	Urban	2.8		1.3		
ECONOMIC INDICATORS		About 1980		Most recent		
GNP per capita annual growth rate (%, 1990-1998)		..		6.5		
Inflation rate (%, 1990-1998)		..		19		
Population below \$1 a day (%)		..		..		
Household income share	Top 20%/bottom 40%	.. / ..		44 / 19		
(% , 1993)						
Government expenditure (% of total expenditure)	Health/education	.. / ..		.. / ..		
	Defense	..		..		
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..		.. / ..		
Official development assistance: (1981/1998)	\$US millions	242		1163		
	As % of GNP	2		4		
Debt service (% of goods and services exports, 1997)		..		7		

* EPA 2000.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-2000

COUNTRY: VIET NAM
 LATEST BOARD APPROVAL: 1993
 GENERAL RESOURCES: \$44,000,000 (a)

(in thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)	Training grants (actual)	Project staff (actual)	Other cash (actual)	TOTAL			
					Regular resources b/		Other resources	
					Actual	Planned	Actual	Planned
Health	RR b/ 3,862	OR 2,462	RR b/ 1,061	OR 1,077	RR b/ 1,090	OR 345	RR b/ 1,323	OR 1,206
Nutrition	749	1,922	163	245	558	4	797	879
Water supply and sanitation	1,265	1,996	215	52	975	408	1,721	1,814
Education	1,569	1,432	1,054	812	578	71	1,343	1,436
Women in development	60	237	308	432	133	12	678	707
Children in especially difficult circumstances	109	286	188	762	376	244	407	1,385
Advocacy, social mobilization and communication	75		173		261		987	
Planning, research, evaluation and monitoring	6		183		76		527	125
Programme support	121				2,330		608	
Emergency		25			2		51	42
GRAND TOTAL	7,816	8,360	3,365	3,380	6,379	1,084	8,442	7,594
							20,418	91,000
					26,002	44,000		
							46,420	135,000

RR = Regular resources

OR = Other resources

a/ Actual expenditure includes expenditure recorded as of 31 May 2000

b/ Actual GR expenditure includes allocations from global funds

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: VIETNAM
PROGRAMME CYCLE : 2001-2005

FUND	2001	2002	2003	2004	2005	TOTAL
RR FOR COMMUNICATION	400,000	380,000	356,000	335,000	335,000	1,806,000
NOR	400,000	400,000	400,000	400,000	400,000	2,000,000
TOTAL	800,000	780,000	756,000	735,000	735,000	3,806,000
RR FOR HEALTH AND NUTRITION	1,240,000	1,168,000	1,098,000	1,032,000	1,032,000	5,570,000
NOR	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
TOTAL	4,240,000	4,168,000	4,098,000	4,032,000	4,032,000	20,570,000
RR FOR RURAL WATER SUPPLY & ENVIR. SAMIT.	700,000	665,000	634,000	604,000	604,000	3,207,000
NOR	3,450,000	3,450,000	2,950,000	2,450,000	2,450,000	14,750,000
TOTAL	4,150,000	4,115,000	3,584,000	3,054,000	3,054,000	17,957,000
RR FOR BASIC EDUCATION	800,000	752,000	707,000	665,000	665,000	3,589,000
NOR	1,500,000	2,000,000	2,000,000	2,000,000	2,000,000	9,500,000
TOTAL	2,300,000	2,752,000	2,707,000	2,665,000	2,665,000	13,089,000
RR FOR RIGHTS PROMOTION & CHILD PROTECT.	600,000	565,000	534,000	504,000	504,000	2,707,000
NOR	1,550,000	1,550,000	1,550,000	1,550,000	1,550,000	7,750,000
TOTAL	2,150,000	2,115,000	2,084,000	2,054,000	2,054,000	10,457,000
RR FOR PLANNING, MONITORING & EVALUATION	427,301	424,279	422,653	311,015	314,177	1,899,505
NOR	200,000	200,000	200,000	200,000	200,000	1,000,000
TOTAL	627,301	624,279	622,653	511,015	514,177	2,899,505
RR FOR CROSS-SECTORAL COSTS	282,619	273,721	264,347	363,985	360,823	1,545,495
NOR						
TOTAL	282,619	273,721	264,347	363,985	360,823	1,545,495
RR FOR TOTAL, PROGRAMME BUDGET	4,450,000	4,228,000	4,016,000	3,815,000	3,815,000	20,324,000
NOR	10,100,000	10,600,000	10,100,000	9,600,000	9,600,000	50,000,000
TOTAL	14,550,000	14,828,000	14,116,000	13,415,000	13,415,000	70,324,000
STAFF COSTS a/	888,621	1,065,325	1,035,090	1,088,636	1,134,701	5,212,373
GENERAL OPERATING COSTS	151,600	164,600	162,600	161,600	180,600	821,000
TOTAL, ESTIMATE SUPPORT BUDGET	1,040,221	1,229,925	1,197,690	1,250,236	1,315,301	6,033,373
GRAND TOTAL	15,590,221	16,057,925	15,313,690	14,665,236	14,730,301	76,357,373

RR = regular resources

FOR = funded other resources

NOR = new other resources

a/ Including consultants and temporary assistance.

TABLE 3
LEADAGE OF PROGRAMME BUDGET AND STAFFING TABLE

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET																
	RP	FOR	NR	TOTAL	POSTS												TOTAL
					1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	
REGULAR RESOURCES	1,406,000			1,406,000	0	0	0	0	0	0	0	0	0	0	0	0	0
	5,570,000			5,570,000	0	0	0	0	0	0	0	0	0	0	0	0	0
	3,207,000			3,207,000	0	0	0	0	0	0	0	0	0	0	0	0	0
	3,589,000			3,589,000	0	0	0	0	0	0	0	0	0	0	0	0	0
	2,703,000			2,703,000	0	0	0	0	0	0	0	0	0	0	0	0	0
	1,479,505			1,479,505	0	0	0	0	0	0	0	0	0	0	0	0	0
	1,499,505			1,499,505	0	0	0	0	0	0	0	0	0	0	0	0	0
	1,545,495			1,545,495	0	0	0	0	0	0	0	0	0	0	0	0	0
	20,124,000			20,124,000	0	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER RESOURCES																
1,406,000		2,000,000	2,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5,570,000		15,000,000	15,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3,207,000		14,750,000	14,750,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3,589,000		9,500,000	9,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2,703,000		7,750,000	7,750,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1,479,505		1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1,499,505		50,000,000	50,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1,545,495		50,000,000	50,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20,124,000		50,000,000	70,124,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL BUDGET				70,124,000	0	0	0	0	0	0	0	0	0	0	0	0	0
Operating costs				421,000	0	0	0	0	0	0	0	0	0	0	0	0	0
Staffing					0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL (RR + OR + SB)				70,545,000	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of posts and staff costs

Current programme cycle

At the end of proposed programme cycle (indication only)

RR = regular resources

OR = other resources

FOR = funded other resources

NR = new other resources

IP = international professional

NP = national professional

GS = General Service

SB = support budget

w/ Each post represents a full-time position, regardless of the funding source, represents the country programme as a whole

w/ Excludes temporary assistance and overtime

